

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO. 101000000
APPLICATION

FILED DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1					1	1
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TOTAL						
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TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 670)						SERIAL NO. <i>10,000,000</i> APPLICANT		FILING DATE				
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OCC.	NO.	OCC.	NO.	OCC.
	NO.	OCC.	NO.	OCC.	NO.	OCC.						
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TOTAL NO.							TOTAL NO.					
TOTAL OCC.							TOTAL OCC.					
TOTAL FEE							TOTAL FEE					